

QUALITY AWARD



Presented to:			Recipient EIN:	
Division/Office:			Recipient Org:	
From:			Date:	
Division/Office:			Issuer Org:	
Signature:			Billing Low Org:	
	Bureau Director of	Billing Low Org	Submit Award to Finance for Pro	cessinc
$\phi \sim 0$		Control Number	Entered into Payroll	
1200			By: Date:	
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Utah Department of Health	QUA	ALITY AWA	RD \$2C	\bigcirc
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Division/Office: Thank you for: From: Division/Office:			Recipient Org: Date: Issuer Org:	
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Division/Office: Thank you for: From:		Billing Low Org	Recipient Org: Date: Issuer Org: Billing Low Org: Submit Award to Finance for Pro	ocessing